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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	01-2122.02
		First Named Inventor	Robert L. Miller II, et. al.
<b>COMPLETE IF KNOWN</b>			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## SYSTEM AND METHOD FOR MANAGING ELEMENTS OF A COMMUNICATION NETWORK

(Title of the Invention)

the specification of which

 is attached hereto  
OR was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION - Utility or Design Patent Application**

Direct all correspondence to:  Customer Number \_\_\_\_\_ OR  Correspondence address below  
or Bar Code Label

Name

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City

State

Zip

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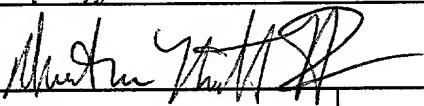
Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/>	A petition has been filed for this unsigned inventor
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Given Name (first and middle [if any])	Robert L.	Family Name or Surname	Miller, II
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Inventor's Signature		Date	1/31/02
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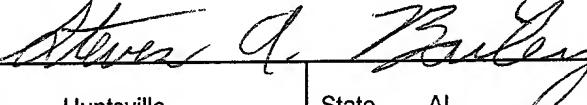
Residence: City	Madison	State	AL	Country	US	Citizenship	US
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Mailing Address	100 Kipper Lane						
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City	Madison	State	AL	Zip	35758	Country	US
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NAME OF SECOND INVENTOR:	<input type="checkbox"/>	A petition has been filed for this unsigned inventor
--------------------------	--------------------------	--

Given Name (first and middle [if any])	Steven A.	Family Name or Surname	Bailey
---	-----------	---------------------------	--------

Inventor's Signature		Date	1/31/02
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Residence: City	Huntsville	State	AL	Country	U.S.	Citizenship	U.S.
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Mailing Address	412 River Bend Road						
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City	Huntsville	State	AL	Zip	35824	Country	U.S.
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box→

PTO/SB/02A (11-00)

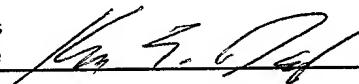
Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page \_\_\_\_\_ of \_\_\_\_\_

Name of Additional Joint Inventor, if any:		<input type="checkbox"/>	A petition has been filed for this unsigned inventor
Given Name (first and middle [if any])		Family Name or Surname	
Kent E.		Darzi	
Inventor's Signature			Date 1-31-02
Residence City	Harvest	State	AL
Country	U.S.	Citizenship	U.S.
Mailing Address 132 Smith Vasser Road			
City	Harvest	State	AL
Zip	35749	Country	U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/>	A petition has been filed for this unsigned inventor
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/>	A petition has been filed for this unsigned inventor
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

<b>Application Number</b>	
<b>Filing Date</b>	
<b>First Named Inventor</b>	Robert L. Miller, et. al.
<b>Title</b>	System and Method for Managing Elements of a Communication Network
<b>Group Art Unit</b>	

I hereby appoint:

 Practitioners at Customer Number

021491



OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

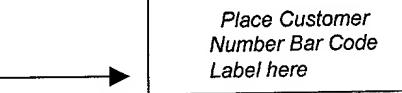


The above-mentioned Customer Number.

OR



Practitioners at Customer Number



OR

 Firm or Individual Name

Address

Address

City

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State

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I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name Kevin Schneider, VP of Technology, ADTRAN, Inc.

Signature

Date

02/01/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of 1 forms are submitted.

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